

LOCKBOX REQUIREMENT AGREEMENT

This agreement between the West Virginia State Treasurer's Office-Receipts Processing Division (STO/RPD) and the (AGENCY) defines the needs and requirements of the agency and provides the STO/RPD with the information to produce those needs and requirements.

The information contained in this document will allow the STO/RPD to write a program that will retrieve data from the payment documents. The data can then be supplied to the agency.

PAYMENTS ACCEPTED

Which type of documents do you accept? (Check all that apply.)

- ☐ Match Pays (amount paid equals the amount due on the payment stub)
- ☐ Non-Match Pays (amount paid and amount due are not the same amount)
- ☐ Credit Card Payments
 - ☐ Visa/MasterCard
 - ☐ American Express
 - ☐ Discover
 - ☐ Diners Club
- ☐ Check Only Payments (check payment is submitted without a payment stub)
- ☐ Data Capture Only Payments (payment stub is submitted without a payment)

Are there any exceptions to your processing? ☐ No ☐ Yes
(Exceptions are any requests by the agency outside the normal lockbox process.)

If yes, explain: _____

POST OFFICE BOX RENTALS

Please indicate the size of post office box needed:

BOX SIZE	AVERAGE VOLUME ACCOMMODATIONS	RATE 6 MONTHS/ANNUALLY
<input type="checkbox"/> 4 x 6	25 pieces per day	\$ 19.00 / \$ 38.00
<input type="checkbox"/> 6 x 6	50 pieces per day	\$ 27.50 / \$ 55.00
<input type="checkbox"/> 12 x 6	75 pieces per day	\$ 50.00 / \$100.00
<input type="checkbox"/> 12 x 12	100 pieces per day	\$ 87.50 / \$175.00
<input type="checkbox"/> 24 x 12	500 pieces per day	\$150.00 / \$300.00
<input type="checkbox"/> Call Box	1,000 + pieces per day	\$375.00 / \$750.00

NOTE: All Post Office Boxes are subject to availability.

STUB AND SCANLINE CRITERIA

Stub Scanline Placement Standards:

1. Scanline **MUST** not exceed 96 characters. Characters can be numeric or alphanumeric.
2. Scanline **MUST** be printed in black ink.
3. Font **MUST** be OCR-A font.
4. Font size **MUST** be 10cpi (characters per inch).
5. Scanline placement **MUST be 1/2" from the bottom edge of the document and 1/2" from the right-hand edge of the document.**

There **MUST** be a 1/4" clear band area surrounding the scanline. This means that this area must be free of print, borders, backgrounds, or watermarks. This pertains to both sides of the document (front and back).

Paper: **Must** be 24lb Micr or OCR bond.

You may select a size below as long as the Stub Scanline Placement Standards listed above are followed.

- Size: (Check Only One)**
- | | |
|--------------------------|---|
| <input type="checkbox"/> | 8 1/2" wide x 4" tall |
| <input type="checkbox"/> | 6" wide x 2-3/4" tall |
| <input type="checkbox"/> | Full Page Statement with perforated stub located at bottom of the form. |
| <input type="checkbox"/> | Other _____ |

NOTE: FUTURE CHANGES MUST MEET ORIGINAL STANDARDS AND MUST BE RE-TESTED. ANY CHANGES REQUIRE PRIOR APPROVAL. ALLOW 30 DAYS FOR CHANGES.

SCANLINE DEFINITION

List the fields that will be included in your stub scanline. Remember, the scanline length **can not exceed 96 characters**.

Examples of **Field Names**: Account Number, Amount Due, Date Due, etc.

The **Field Length** is the number of characters in the field name.

Field Name: _____ **Field Length:** _____

Field Name: _____ **Field Length:** _____

Field Name: _____ **Field Length:** _____

Field Name: _____ **Field Length:** _____

Field Name: _____ **Field Length:** _____

Field Name: _____ **Field Length:** _____

Field Name: _____ **Field Length:** _____

Field Name: _____ **Field Length:** _____

Field Name: _____ **Field Length:** _____

Field Name: _____ **Field Length:** _____

Field Name: _____ **Field Length:** _____

Field Name: _____ **Field Length:** _____

Field Name: _____ **Field Length:** _____

Field Name: _____ **Field Length:** _____

Field Name: _____ **Field Length:** _____

Field Name: _____ **Field Length:** _____

Field Name: _____ **Field Length:** _____

EXTRACT REQUIREMENTS

An extract is a file that contains the data captured from the scanline as defined in the previous section plus additional information provided by the system equipment. The additional information can include batch numbers, sequence numbers, process date, or WVFIMS coversheet numbers. The extracted data can be sorted, subtotaled, and totaled by fields or batches.

Please list the fields from your scanline and system information required to be sent back to your agency. If your data is to be sorted or totaled by certain fields, please note those requirements in addition to the requested data.

This image shows a blank sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

FILE FORMAT AND TRANSMISSION

Data File Format: Flat ASCII Fixed Length

A file layout of the extract will be provided to you for review and testing.

File will be transmitted via ftp (file transfer protocol).

Files will be placed on the State Treasurer's Office ftp site to be retrieved by your agency. A representative of the STO will contact your agency to establish a directory, user ID name, and password on the STO site.

Agency Systems Administrator: _____

Phone Number: _____

Email Address: _____

**PROJECT MANAGEMENT TEAMS
AND CONTACT INFORMATION**

AGENCY OR SPENDING UNIT

Team Member: _____ Title: _____

Email Address: _____ Phone Number: _____

Team Member: _____ Title: _____

Email Address: _____ Phone Number: _____

Team Member: _____ Title: _____

Email Address: _____ Phone Number: _____

Team Member: _____ Title: _____

Email Address: _____ Phone Number: _____

WEST VIRGINIA STATE TREASURER'S OFFICE

Team Manager: _____ Title: _____

Email Address: _____ Phone Number: _____

Team Member: _____ Title: _____

Email Address: _____ Phone Number: _____

Team Member: _____ Title: _____

Email Address: _____ Phone Number: _____

Lockbox Contact: _____ Title: _____

Email Address: _____ Phone Number: _____

LOCKBOX REQUIREMENT AGREEMENT
SIGNATURES

AGENCY OR SPENDING UNIT

The attached Lockbox Requirement Agreement has been reviewed for accuracy by authorized personnel of the Agency or Spending Unit and that Agency or Spending Unit accepts any related cost responsibilities.

Agency Head

Date

Agency Project Team Member

Date

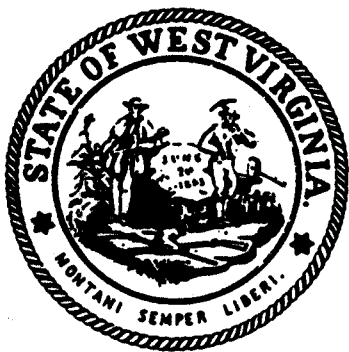
STATE TREASURER'S OFFICE

Deputy Treasurer, Cash Management

Date

State Treasurer's Office-Receipts Processing Division
Project Team Manager

Date



**WEST VIRGINIA
STATE TREASURERS OFFICE**

**Authorization for the Lockbox Collection, Processing and
Depositing of State Revenues**

I, _____
hereby authorize the West Virginia State Treasurers Office to Collect, Process and Deposit
revenues on behalf of:

We understand that the "Deposit" function of the Lockbox Revenue Collection System includes processing the remittance document with checks through the remittance processing equipment. Depositing the processed checks to the Federal Reserve and creating the WVFIMS Deposit Cover Sheet. We provide the following WVFIMS Accounting information for the WV State Treasurers Office to use in preparing all WVFIMS Deposit Cover Sheets containing Lockbox revenues:

Refund Y/N	Fund	Fiscal Year	Org. . Number *	Activity	Source/ Object

* Give the Org. Number in its lowest form.

The WV State Treasurers Office, Receipts Processing Division will deposit revenues only to the account information listed above.

We understand the State Treasurers Office shall do everything possible to ensure the same day deposit of all revenues received from each agency. We also understand and accept that delays may occasionally happen due to software or hardware failures, or other acts outside the control of the WV State Treasurers Office.

Authorized Individual

Agency Name

Date